


1051 U.S. PTO  
05/11/01

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 C.F.R. §1.53(b))	Attorney Docket No. Customer No.		33216M0481 00441	
	First Inventor or Application Identifier		Hiroshi NAKATSUKA, et al.	
	Title		Piezoelectric transformer, piezoelectric transformer drive circuit, piezoelectric transformer drive method and cold cathode tube drive apparatus using piezoelectric transformer	
	Express Mail Label No.			

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	Assistant Commissioner for Patents <b>ADDRESS TO:</b> Box Patent Application Washington, D.C. 20231				
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Specification [Total Pages <u>105</u> ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>38</u> ]  4. Oath or Declaration [Total Pages <u>2</u> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).  <small>*NOTE FOR ITEMS 1 &amp; 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL          ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR          APPLICATION IS RELIED UPON (37 C.F.R. §1.28).</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)  6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b>  7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input checked="" type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: _____				
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>09/588,079 filed 6/5/00</u> Prior application information: Examiner: <u>M. Budd</u> Group/Art Unit: <u>2834</u> For CONTINUATION or DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts					
<b>17. CORRESPONDENCE ADDRESS</b>  <input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below  (insert Customer No. or Attach bar code label here)					
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Signature			Date	May 11, 2001	

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<b>FEE TRANSMITTAL</b>  <small>Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12, See 37 C.F.R. §§1.27 and 1.28</small>	<b>Complete if Known</b>	
	Application Number	New
	Filing Date	May 11, 2001
	First Named Inventor	Hiroshi NAKATSUKA
	Examiner Name	M. Budd (anticipated)
	Group / Art Unit	2834 (anticipated)
	TOTAL AMOUNT OF PAYMENT: <b>\$710.00</b>	Attorney Docket No Customer No. <b>33216 M 0481 00441</b>

<b>METHOD OF PAYMENT (check one)</b>  1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account No.: <u>02-4300</u> Deposit Account Name: _____  <input checked="" type="checkbox"/> Charge any additional fee Required Under 37 C.F.R. §§1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance  2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other  <b>FEE CALCULATION</b>  1. BASIC FILING FEE <table style="width: 100%;"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>201</td><td>Utility filing fee</td><td>710.00</td></tr><tr><td>106</td><td>206</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>207</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>208</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>214</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <p style="text-align: right;"><b>SUBTOTAL (1): \$710.00</b></p> 2. EXTRA CLAIM FEES <table style="width: 100%;"><thead><tr><th>Extra Claims</th><th>Fee from below</th><th>Fee paid</th></tr></thead><tbody><tr><td>Total Claims 2-20</td><td>= 0 x \$18.00 =</td><td>0.00</td></tr><tr><td>Indep. 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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Typed or Printed Name	Michael A. Makuch			Reg. Number	32,263
Signature		Date	May 11, 2001	Deposit Account User ID	02-4300